TriCities Family Health
2630 N. Columbia Center Blvd.
Richland, WA 99352

Zain Medical Center (TriCities Family Health) Closure Notice

Dear Patient,

We regret to inform you that effective 12/18/2020, Zain Medical Center (TriCities Family Health) is closing practice due to unforeseen circumstances. We will no longer be available to take care of your medical needs after that date. Please arrange to have another physician take care of you. Attached is the list of local providers/practice who can take care of your medical needs. For your convenience we are in touch with the coordinators to answer if they have questions. If you are not acquainted with a physician, you may use your insurance company's provider directory or check with the hospital's physician referral service. Once you have identified a physician or practice, please contact our office by 01/22/2021 to obtain copies of your medical records. Name and address of the contact person is given below. In the event that the records are moved elsewhere or the contact information changes, then an additional notice will be provided with updated information.

For your convenience, attached is a records release authorization to release medical records for you to complete so that you can have your records forwarded to your new physician. Please choose a new physician promptly and place yourself under his/her care. In accordance with WA State (WAC 246-08-400), there will be a fee for searching and duplicating health care records ($28 clerical fee for searching and handling records, copying charge $1.24 per page (1 – 30 pages), $0.94 per page (31+ pages)) to cover copy and transmittal costs. If you choose to pick up the copy of your record so that you may personally take it to your new physician, please do so by 01/22/2021. After 01/22/2021, your records will be provided by a company (contact person details given below). Patient records will be maintained in accordance with state and federal law, which means that most patient records will be destroyed 10 years from the last date the patient was seen by a TCFH provider.

We wish you all the best for your future health and happiness.

Yours very truly,

Zain Medical Center/TriCities Family Health

For medical records, please contact:

Raheel Sultan

1100 Dr. Martin Luther King Drive

Little Rock, AR 72202

Tel: (509) 420 5053 | Fax: (509) 492 5537

Email: zmcraheel@zmcwellness.com

TriCities Family Health
2630 N. Columbia Center Blvd.
Richland, WA 99352

Tri Cities Pain Clinic
7401 W Hood Pl, Kennewick, WA 99336
Phone: (509) 591-0070

V 5 Spine Center For Pain Management
1075 Jadwin Ave, Richland, WA 99352
Phone: (509) 946-3340

Lynx Healthcare
3730 Plaza Way Suite C6100, Kennewick, WA 99338
Phone: (509) 283-1249

Pinnacle Pain Center
7401 W Hood Pl Ste 200, Kennewick, WA 99336
Phone: (509) 591-0070

Lourdes Pain Management Center
509 N 4th Ave, Pasco, WA 99301
Phone: (509) 543-2413

Dr. Jean You
6917 W Grandridge Blvd Ste B, Kennewick, WA, 99336
Phone: (509) 627-2848

TriCities Family Health
2630 N. Columbia Center Blvd.
Richland, WA 99352

Consent for Release of Information

Patient Name: _____ DOB: _____

I, _____ of _____
(Print Name) (County)

authorize, Zain Medical Center (TriCities Family Health), to disclose to and/or receive information from:

Agency/Person(s) Name _____

Address _____

City, State, Zip code _____

Telephone Number _____ Fax Number _____

Email Address _____

I understand that the purpose of this release is to allow Zain Medical Center (TriCities Family Health) to exchange information about me in any form including verbal, written and electronic with the above named entity in order to facilitate appropriate treatment and medical care. I also understand that if I decline to sign this or any additional requested releases that I am not eligible to participate in Zain Medical Center (TriCities Family Health).

Types of information that may be shared include, but are not limited to:

- Substance use history
- Diagnostic impression, symptomology and treatment recommendations or services
- Medical and/or psychiatric conditions
- Prescribed medications
- Results of urine, blood, hair, etc. testing

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent. I may revoke this consent at any time. Unless revoked, this authorization expires in 90 days or on this date: _____

Patient Signature _____ Date _____